

Recd PTO 21 DEC 2004

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective December 8, 2004

Application or Docket Number  
**10/518794**

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
U.S. NATIONAL STAGE FEES		
BASIC FEE	SMALL ENT. = \$ 150	LARGE ENT. = \$ 300
EXAMINATION FEE	Satisfies PCT Article 33(1)-(4) = \$ 50 / \$ 100	All other situations = \$ 100 / \$ 200
SEARCH FEE	U.S. is ISA = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400	All other situations = \$ 250 / \$ 500
FEE FOR EXTRA SPEC. PGS.	minus 100 =	/ 50 =
TOTAL CHARGEABLE CLAIMS	26 minus 20 = *	6
INDEPENDENT CLAIMS	1 minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE	OR	OTHER THAN SMALL ENTITY
RATE	Fee	Rate
BASIC FEE		300
EXAM. FEE		200
SEARCH FEE		400
X \$ 125 =		
X \$ 25 =		
X \$ 100 =		
+ \$ 180 =		
TOTAL		1200

## CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
	Total	*	Minus ** =
Independent	*	Minus *** =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
RATE	ADDITIONAL FEE	RATE
X \$ 25 =		50
X \$ 100 =		200
+ \$ 180 =		360
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
	Total	*	Minus ** =
Independent	*	Minus *** =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
RATE	ADDITIONAL FEE	RATE
X \$ 25 =		50
X \$ 100 =		200
+ \$ 180 =		360
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: 6/6/05

2 Serial/Patent # 10/518794

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
<input type="checkbox"/> Filing				\$						
<input type="checkbox"/> Amendment				\$						
<input type="checkbox"/> Extension of Time				\$						
<input type="checkbox"/> Notice of Appeal/Appeal				\$						
<input type="checkbox"/> Petition				\$						
<input type="checkbox"/> Issue				\$						
<input type="checkbox"/> Cert of Correction/Terminal Disc.				\$						
<input type="checkbox"/> Maintenance				\$						
<input type="checkbox"/> Assignment				\$						
<input checked="" type="checkbox"/> Other <i>Search fee adjustment</i>				\$ 100						
		7 TOTAL AMOUNT OF REFUND	\$ 100							
		8 TO BE REFUNDED BY:								
<input type="checkbox"/> 10 REASON:		<input type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation):								
		<input type="checkbox"/> Credit Deposit A/C #: , <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>9</td><td>--</td><td>4</td><td>8</td><td>8</td><td>0</td></tr></table>			9	--	4	8	8	0
9	--	4	8	8	0					
<b>11 REFUND REQUESTED BY:</b> TYPED/PRINTED NAME: <u>Kaya Lewis (Baltimore)</u> TITLE: <u>Paralegal</u> SIGNATURE: <u>K. Lewis</u> PHONE: <u>(703) 308-9140 Ext 202</u> OFFICE: <u>DO/EDO</u> **** THIS SPACE RESERVED FOR FINANCE USE ONLY **** APPROVED: _____ DATE: _____										

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B